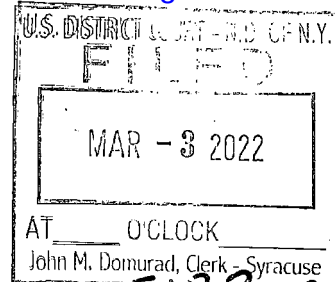


UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK

vs.

Plaintiff(s)

Defendant(s)

Civil Case No.:

COMPLAINT PURSUANT
TO THE AMERICANS
WITH DISABILITIES ACT

5:22-cv-199

(DNH/TWD)

Plaintiff(s) demand(s) a trial by: ☒ JURY ☐ COURT (Select only one).

Plaintiff(s) in the above-captioned action, allege(s) as follows:

JURISDICTION

1. This is a civil action seeking judgment, relief and/or damages brought pursuant to the Americans with Disabilities Act, 42 U.S.C. § 12101 *et seq.*, as amended, for discrimination based upon a disability and the failure to accommodate same. This Court has jurisdiction of this action pursuant to 28 U.S.C. §§ 1331 and 1343(4).

PARTIES

2. a. Plaintiff: Joanna Griffiths

Address: 7075 South Court St.
Canastota, NY 13032
315-897-0749

b. Plaintiff: Saint Josephs Hospital CEO Jeremy Zochs

Address: 301 Prospect Ave.
Syracuse, NY 13203
315-448-5111

Additional Plaintiffs may be added on a separate sheet of paper.

3. a. Defendant: _____
Official Position: _____
Address: _____

- b. Defendant: _____
Official Position: _____
Address: _____

Additional Defendants may be added on a separate sheet of paper.

4. My disability is as follows:

severe mental disability
bi-polar, post traumatic stress,
ADD, borderline personality disorder
My physical condition has greatly
worsened due to the loss of my
dentures, my face has sunken in and
I have lost 31 pounds.

5. The conduct complained of in this action involves:
(Check all that apply)

- (A) ☐ Failure to employ.
- (B) ☐ Termination of employment.
- (C) ☐ Denial of participation in public service or program.
- (D) ☒ Failure to make alterations to accommodate disability.
- (E) ☐ Retaliation.
- (G) ☒ Other acts as specified below:

6.

FACTS

On the following page, set forth the facts of your case which substantiate your claim of discrimination. List the events in the order they happened, naming defendants involved, dates and places.

Note: Each fact should be stated in a separate paragraph; paragraphs should be numbered sequentially.

You must include allegations of wrongful conduct as to EACH and EVERY defendant in your complaint.

You may use additional sheets as necessary. See Affidavit EXHIBIT "A"

On November 20, 2021 I was brought to Saint Joseph hospital (PAP, I was having a mental break down and was given additional meds there, I have little memory of that day, but some memory. My dentures were lost/stolen, or misplaced while I was in their care. I have since gone 3 months with no teeth causing me to lose 31 pounds, emotional distress

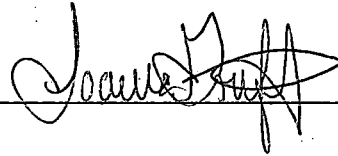
7. PRAYER FOR RELIEF

WHEREFORE, plaintiff(s) request(s) that this Court grant the following relief:

Grant a jury trial where I can prove
disparate treatment. I have suffered
greatly both physically and mentally
from their discrimination. I am
seeking relief of \$100,000.

I declare under penalty of perjury that the foregoing is true and correct.

DATED: February 28 2022

A handwritten signature in black ink, appearing to read "Joanne Huff", written over a horizontal line.

Signature of Plaintiff(s)
(all Plaintiffs must sign)

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK

JOANNA GRIFFITHS

EXHIBIT "A"

VS.

SAINT JOSEPHS HOSPITAL

CEO JEREMY ZOCHS

AFFIDAVIT OF DISPARATE TREATMENT

On November 20, 2021 I was brought and "treated" to CPAP at Saint Josephs Hospital.

When I was transported there I walked in with my dentures.

I was medicated while there, and suffering a mental breakdown.

From what I remember I was waiting for Medicare taxi for many hours while vomiting.

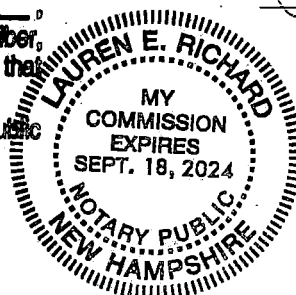
I don't remember much from that day but was not treated well at all.

When I arrived at home my dentures were gone.

On numerous occasions the hospital has been contacted in regards to this matter, further receiving more disparate treatment from the internal investigation done by I believe Jennifer from Loss Prevention. Employees of the hospital colluded their statements as to prevent the hospital's correct responsibility. Jennifer told me that the hospital in no way lost my teeth in a disparaging manner, and in fact very rudely.

Do to the loss of my teeth my health has suffered greatly. I have been more than 90 days now without teeth and have lost over 30 pounds, have been hospitalized since due to the physical and mental stress this has caused. I can barely eat, go out in public, or even enjoy time with my children.

County of Norham, ss.
State of New Hampshire
On this 28th day of February, 2022
Joanna Griffiths
known to me or proven to be the instrument subscriber,
personally appeared before me and acknowledged that
he/she executed the foregoing instrument.
Lauren E. Richard Notary Public



Joanna Griffiths

Joanna Griffiths